UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND					
1 Date of Request: 6/9/05 2 Serial/Patent # 0/518510					
3 Please refund the following fee	(s):	4 PAI NUM	PER IBER	5 DATE FILED	6 AMOUNT
Filing				12/21/04	\$ 100
Amendment			_		\$
Extension of Time					\$
Notice of Appeal/Appeal					\$
Petition					\$
Issue					\$
Cert of Correction/Terminal Disc.			·		\$.
Maintenance					\$
Assignment					\$
Other					\$
		7 TOTAL AMOUNT OF REFUND \$ /80			
		8 TO BE REFUNDED BY:			
10 REASON:		Treasury Check			
Overpayment			Cr	edit Depo	sit A/C #:
Duplicate Payment		, 250120			
No Fee Due (Explanation):					
11 REFUND REQUESTED BY:					
TYPED/PRINTED NAME: # JOHNSON TITLE: paralegel					
SIGNATURE:PHONE:PHONE:					
OFFICE:					
THIS SPACE RESERVED FOR FINANCE USE ONLY:					
APPROVED: DATE:					
					JI.

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

PORM PTO 1577 (01/90) Office of Finance Refund Branch Crystal Park One, Room 802B